

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 285

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 507 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Martha E. Huffcutt

3. (b) If veteran, name war unknown

3. (c) Social Security No. _____

4. Sex Fe 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 4 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>29</u>	hr. _____ min.

9. Birthplace Franklin County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Abston Coulter 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Jones

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Melliga Nation

(b) Address 507 - Harrison Noy

17. (a) Burial (b) Date thereon Dec. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Tahom Service

(b) Address 700 Jefferson

19. (a) 11-4-40 (b) L. B. S. G. M. M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 507 Harrison
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 29
1940 to Nov 3 1940
that I last saw her alive on Nov 1 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Decomposed Duration
Heart and
arteriosclerosis

Due to _____

Due to _____

Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. G. Bruce (M. D. or other) _____

Address Jefferson City Date signed 11-7-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address *Jefferson, Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.